

**DECLARATION FOR PATENT APPLICATION**Attorney Docket: 26979U  
Page 1 of 2

As a below-named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original inventor, first and sole or the original, first of the subject matter which is claimed, and for which a patent is sought on the invention entitled:

**"Implant for Treating Idiopathic Scoliosis and a Method for Using the Same "**

the specification of which:

☐ is attached hereto.

☒ was filed on March 31, 2004, as Serial No. PCT/IL2004/000296,

and was amended on \_\_\_\_\_ (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information, which is material to the patentability of this application as defined by 37 CFR § 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. § 119 of any foreign application(s) for patent or inventor's certificate listed below, and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

Prior Foreign Applications:

<u>155222</u> (Application No.)	<u>ISRAEL</u> (Country)	<u>3 / April / 2003</u> (Day/Month/Year Filed)	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
_____ (Application No.)	_____ (Country)	<u>/ /</u> (Day/Month/Year Filed)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____ (Application No.)	_____ (Country)	<u>/ /</u> (Day/Month/Year Filed)	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

I hereby appoint the Practitioners associated with the following Customer Number:

**Customer Number 20529**

Direct Telephone Calls to:

Gary M. Nath  
(202) 775-8383

Send Correspondence to:  
**NATH & ASSOCIATES PLLC**  
1030 15<sup>th</sup> St., N.W., 6<sup>th</sup> Fl.,  
Washington, D.C. 20005-1503 U.S.A.

I hereby claim the benefit under 35 U.S.C. § 120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by 35 U.S.C. § 112, first paragraph, I acknowledge the duty to disclose material information as defined in 37 CFR § 1.56 which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

(U.S. Application Serial No.) (U.S. Filing Date) (Status--patented, pending, abandoned)

**DECLARATION FOR PATENT APPLICATION**Attorney Docket: 26979U  
Page 2 of 2

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below:

Application Number(s) \_\_\_\_\_

Filing Date \_\_\_\_\_

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements are made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. ' 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full name of sole or first inventor: Naum SIMANOVSKY

Inventor's Signature \_\_\_\_\_ Date: \_\_\_\_\_

Residence: 81 Beit Horon Street, 90935 Zfon Yehuda, ISRAELCountry of Citizenship: ISRAELPost Office Address: same as above

Full name of second inventor: \_\_\_\_\_

Inventor's Signature \_\_\_\_\_ Date: \_\_\_\_\_

Residence: \_\_\_\_\_

Country of Citizenship: \_\_\_\_\_

Post Office Address: \_\_\_\_\_

Full name of third inventor: \_\_\_\_\_

Inventor's Signature \_\_\_\_\_ Date: \_\_\_\_\_

Residence: \_\_\_\_\_

Country of Citizenship: \_\_\_\_\_

Post Office Address: \_\_\_\_\_

Full name of fourth inventor: \_\_\_\_\_

Inventor's Signature \_\_\_\_\_ Date: \_\_\_\_\_

Residence: \_\_\_\_\_

Country of Citizenship: \_\_\_\_\_

Post Office Address: \_\_\_\_\_

Full name of fifth inventor: \_\_\_\_\_

Inventor's Signature \_\_\_\_\_ Date: \_\_\_\_\_

Residence: \_\_\_\_\_

Country of Citizenship: \_\_\_\_\_

Post Office Address: \_\_\_\_\_